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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee					Office Use Only		
1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼			Example: If typing, type over the lines.		2FE4M5		
HY-VEE INC EMF	PLOYEES' POLIT	TICAL ACTION	I COMMITTE	≣E			
ADDRESS (number and str	eet) 5820 WESTOV	VN PARKWAY					
Check if different than previously reported. (ACC)	WEST DES M	OINES		1/	A 5026	6	
2. FEC IDENTIFICATIO	ON NUMBER ▼	CITY ▲		STA	TE ▲	ZIP CODE ▲	
C C00243659		3. IS THIS REPORT	NEV (N)	OR	AMENDED (A)		
4. TYPE OF REPOR (Choose One) (a) Quarterly Reports April 15	Report Due On:	Feb 20 (M2 Mar 20 (M3 Apr 20 (M4)) Jun	20 (M5) 20 (M6) 20 (M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)	
Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31	port (Q2) (C) 12-D PRE Repo	E-Election ort for the:	Primary (12P) Convention (12C)		General (12G) Special (12S)	Runoff (12R)	
Year-End Re July 31 Mid- Report (Non- Year Only) (I Termination I (TER)	Year election AY) (d) 30-D	eT-Election ort for the:	General (30G)		Runoff (30R)	State of Special (30S) in the	
5. Covering Period	M M / D D / 06 01	Election on	through	M M / 06		State of 17	
I certify that I have exami Type or Print Name of Tre	KËLLER, JOS		owledge and belie	ef it is true, o	correct and comple	ete.	
Signature of Treasurer	KELLER, JOSEPH, J, ,		[Electronically Fil	led] Date	M M / D	5 2017	
NOTE: Submission of false,	erroneous, or incomple	te information may s	ubject the person	signing this F	Report to the penalt	ies of 52 U.S.C. § 30109	
Office Use Only						C FORM 3X Rev. 05/2016	